

Board of Health, City of Baltimore,

8

Permit No. A. 521

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, June 22nd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Francis Dolan

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 9 months five days

Place of Death, { Give street and number. } 1038 Green Mount Ave.

Cause of Death, { First (Primary). } Dropsy - { Second (Immediate). }

Duration of Last Sickness, 9 months five days.

All the above information should be furnished by the Physician.

Place of Burial, Bremmer Bur - M. D.

Date of Burial, 13 June - Medical Attendant.

Undertaker, G. J. Schmitz

Place of Business, 925 W Adams

Address J. E. Lindsay
J. E. Reed

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Health Department, City of Baltimore.

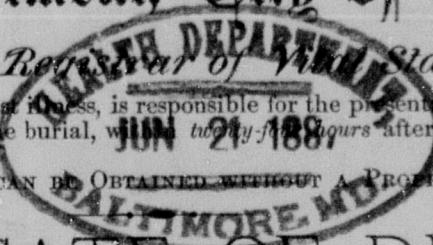
Permit No. A 522

Office of REGISTRATION OF VITAL Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death, June 19 ^m_n

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mrs. Elizabeth Wilson Boyle.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Sixty-three Years, six Months, twenty-nine Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Lady

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Philadelphia Penna.

Duration of Residence in the City of Baltimore, Seven months

Place of Death, { Give Street and Number. } 1209 Linden Avenue.

Cause of Death, { First (Primary), Malignant Ulceration of Throat. Second (Immediate), Paralysis of Pneumogastric Nerve. }

Duration of Last Sickness, Five months.

All the above information should be furnished by the Physician.

Place of Burial, Cincinnati Ohio

Date of Burial,

Undertaker, Chas. A. Raymond.

Place of Business, 334 N. Charles St. Baltimore Md.

Nellie V. Mark

M. D.

Medical Attendant.

Address, 904 Madison Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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The special Association of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

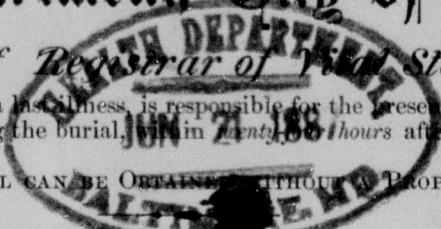
Permit No. A. 523

Office of Registrar of Vital Statistics.

Ward 65

The Physician who attended any person in his sickness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, not later than twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 21 1887

Full Name of Deceased, May Cornplan { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Capitalry Prostitution Second (Immediate), }

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, June 21st 1887

Undertaker, Wm. S. Fife J. J. Russell M. D.

Place of Business, 301 N. Broadway Corner of 40th & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 527

Office of Registrar of Vital Statistics.

Ward 16 "

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Highland Aaron Davis

Sex, Male or Female, { Cross out the word not } required in this line.

Age, Years, 8 Months, Days.

Color, Dark

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation, Balt. Md.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. }

540 Burgundy Al-

Cause of Death, { First (Primary),

Second (Immediate),

Cholera Infestation

Two Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 20 1887

{ Undertaker, Herold Ross

{ Place of Business, 408 Conway

J. Taylor Smith, M. D.

Medical Attendant.

Address, 600 Columbia Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A. 520*

Office of Registrar of Vital Statistics.

Ward *14*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 20 1889*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Benjamin Leslie Trisby

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, *3* Years, *9* Months, *—* Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Since birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } *No 649 Bankard Lane alley*

Cause of Death, { First (Primary), Second (Immediate), } *Cholera Infantum.*

Duration of Last Sickness, *9 day.*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp Street Cemetery*

Date of Burial, *June 20 1889*

Undertaker, *Herchel Ross*

Place of Business, *404 George* Address, *Co. Columbia & Fremont Ave.*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Physician attending the deceased is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

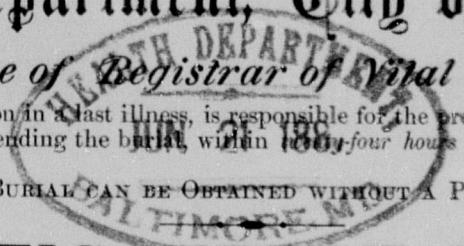
Permit No. *A 526*

Office of Registrar of Vital Statistics.

Ward *7th*

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death, *June 20. 1887*

Full Name of Deceased, *Frederick Menger* Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, *Male* Cross out the word not required in this line.

Age, *Years, 3 Months, 8 Days.*

Color, *White*

Married, Single, Widow or Widower, *Single* Cross out the words not required in this line.

Occupation, *✓*

Birth Place, *Baltimore City* State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, *1109 N Calle Street* Give Street and Number.

Cause of Death, *Cholera Infatation* First (Primary), Second (Immediate),

Duration of Last Sickness, *24 hours*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Redeemer Cemetery*

Date of Burial, *June 22nd 1887*

Undertaker, *A. Pinkerton*

Place of Business, *No. 915 N Gay Street*

W. Halladay, M. D. Medical Attendant

Address, 403 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 329

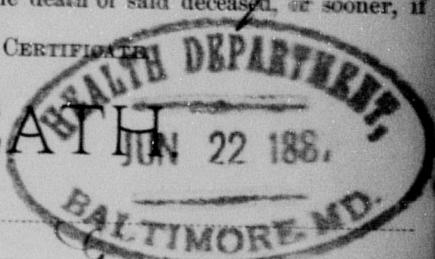
Office of Registrar of Vital Statistics.

Ward 7 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH

Date of Death, June 21. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Jeannette Terneau

Sex, Male or Female, { Cross out the word not required in this line. }

FemaleAge, ~ Years, 9Months, 16

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Balt. Ind.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

1719 E. Chas Biddle st.Cause of Death, { First (Primary),
Second (Immediate), }Cholera InfantumDuration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore CemeteryDate of Burial, June 22nd{ Undertaker, Geo Schilling }{ Place of Business, W. B. & Co., 1121 N. Caroline St. }Geo. A. Hartman M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 528 Office of Registrar of Vital Statistics. Ward 13⁴The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH

Date of Death, June 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah E. Shaffer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 38 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } V

Occupation, Housekeeper V

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, S. B.

Place of Death, { Give Street and Number. } 403 S. Rapplton St.

Cause of Death, { First (Primary), Second (Immediate), } Ophthisis, Pulmonitis

Duration of Last Sickness, 10 mos

All the above information should be furnished by the Physician.

Place of Burial, Bonne Brea

Date of Burial, 24th

Undertaker, John J. Conroy

Place of Business, 907 Hollin

Address, 602 S. Paca St

Medical Attendant, Woodgate M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

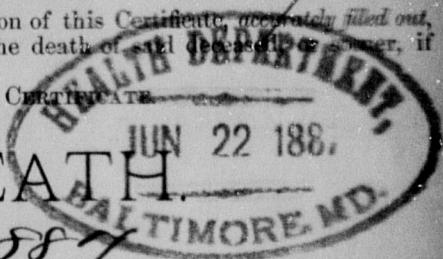
The special attention of Physicians is respectfully invited to the Remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 529 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death, June 21st 1887

Full Name of Deceased, Mary Looe { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female { Cross out the word not required in this line. }

Age, 10 Years, 10 Months, 17 Days.

Color, Dark

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation,

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since birth

Place of Death, Home { Give Street and Number. }

Cause of Death, Acute Meningitis { First (Primary), Eclampsia Second (Immediate), }

Duration of Last Sickness, Two (2) days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, June 23rd 1887

Undertaker, A. Philip Sloan

Place of Business, No. 915 N. Gay St.

Medical Attendant,

S. Goldsborow M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.*

[OVER.]

Health Department, City of Baltimore.

Permit No. A 530

Office of Registrar of Vital Statistics.

Ward

B
8⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 21st. 1889.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Michael H. Rehoo

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 26 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Book Dealer

Maryland

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, life

Place of Death, { Give Street and Number. }

No 815 Neghbor St

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness,

Two Years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 24th 1889

{ Undertaker, A. Fink & Son M. D.

{ Place of Business, No. 975 W. Gay Address,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]